

Division of Health Service Regulation

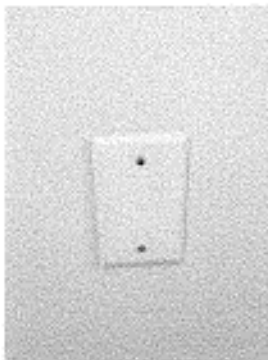
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2016
NAME OF PROVIDER OR SUPPLIER MAGGIE'S HELPING HANDS		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PARK AVE DURHAM, NC 27701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on February 09, 2016 from 8:30 AM to 10:00 AM at the above referenced facility. DHSR records indicate the home was first licensed on October 1, 2013 as a Family Care Home for four ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION MAR 14 2016 RECEIVED <i>C174:#1</i> <i>A screw has been placed in the cover on the breaker panel. Photo documentation is included.</i>	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed that the breaker panel is missing a cover screw causing the cover to improperly cover the breaker panel. Have a qualified technician replace the missing screw in the breaker panel. Provide photo documentation to the DHSR Construction section when this is	C 174	<i>will conduct monthly inspections of the house's structure, breaker panel, etc and fix accordingly. In order to ensure house is being inspected monthly monthly a log will be created and documented.</i>	<i>3/9</i>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

If continuation sheet 2 of 2



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PROPOSAL

PROPOSAL NO.

SHEET NO.

DATE

PROPOSAL SUBMITTED TO:

NAME	Daniel
ADDRESS	Croup Home Park Ave. Durham N.C.
PHONE NO.	27713

WORK TO BE PERFORMED AT:

ADDRESS	Same
DATE OF PLANS	03/01/016
ARCHITECT	R.G. Henderson

We hereby propose to furnish the materials and perform the labor necessary for the completion of _____

- 1) Painting of (15) windows at \$10.00 each
- 2) Replacing (1) ballister beam on back steps rail.
- 3) Replacing (1) faucet in bathroom with a new one - \$30.00

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specific submitted for above work, and completed in a substantial workmanlike manner for the sum of 180.00

One Hundred & Eighty Dollars ————— Dollars (\$ 180.00)

with payments to be made as follows:

Completion of work

(Paid in full)

Respectfully submitted R.G. Henderson

Per Henderson's Law Care/Horack

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Note - This proposal may be with
by us if not accepted within _____

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____

Date 03/01/016

Signature _____